

CITSS

Compliance Instrument
Tracking System Service

Request to Change Account Representatives/Account Viewing Agents

Changes to the Primary Account Representative (PAR), or the addition of new Alternate Account Representatives (AAR) or Account Viewing Agents (AVA) entered in the CITSS will not become effective until this form authorizing the proposed change(s) is approved by the California Registrar. Account representatives must be approved by the California Registrar more than 30 days preceding an auction to be eligible to participate in that auction. This form must be signed and mailed to the California Registrar at the following address:

California ARB
Attn: CITSS Registrar
1001 I Street, 6th Floor
Sacramento, CA 95814

Section 1.0 Authorization for Changes

This form authorizes changes to the PAR and/or the addition of new AARs or AVAs that have been proposed in the CITSS. Per Section 95830 of the Cap-and-Trade Regulation, CITSS account information must be updated to reflect changes within 10 working days of changes to registration information. If there are changes to your entity account information other than those identified in this form, the changes must be submitted either online or through updated forms as appropriate.

Entity Account Information

CITSS Entity ID #:

Legal Name:

Operating Name:

Total Number of New Representatives and Viewing Agents:

Number of Completed Representative Attestations:

Attestation by the active PAR or an active AAR

This attestation is required per §95832(d).

1. By signing this attestation, I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to ARB are true, accurate, and complete. I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information.

2. I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained

in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:

Director or Officer Verification (must be an individual named on the Account Application)

This verification is required per §95832(a)(4).

I certify under penalty of perjury under the laws of the State of California that I am an officer of the entity who is responsible for the conduct of the primary account representative and alternate account representative(s) or account viewing agent(s), that the natural persons listed on this account application have been selected as the primary account representative and alternate account representative(s) or account viewing agent(s), for this account, and that I am one of the officers or directors for this entity disclosed pursuant to title 17, article 5, sections 95800 et seq.

Print Name:

Date:

Employer Name:

Title:

Signature:

Section 2.0 Proposed Changes

The following three tables are used to identify requested changes to the PAR, AARs, and AVAs respectively. Multiple changes may be indicated within each table. All accounts must have a PAR. All accounts except those held by an individual market participant, must have at least one AAR. All accounts may designate as many as four AARs and five AVAs. There must always be at least one representative or an Agent for Service of Process with a California address. You may add or change an Agent for Service of Process on this form if needed.

You need to complete only those table(s) on this form within which changes are proposed, i.e. changing the PAR, or adding AARs and/or AVAs. List the names of all the representatives and/or agents within the completed tables, but it is only necessary to provide the 12-digit CITSS User Reference Code for individuals that are being added. For security, unused (blank) fields and attestations should be struck out to prevent subsequent additions or changes to the signed form.

Table 1: Primary Account Representative (PAR)

An Entity Account must always have a PAR. A PAR cannot be removed in the CITSS. The current PAR is listed on line 1. This line serves to identify (NO CHANGE) or REMOVE the current PAR. The second line is to ADD a new PAR if the REMOVE box is checked for the current PAR.

Name	User Reference Code	Add	Remove	No Change
1.			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		

Table 2: Alternate Account Representatives (AARs)

An AAR can be added or removed in the CITSS. This table identifies existing AARs and confirms the addition of new AARs that have been previously designated in the CITSS.

Name	User Reference Code	Existing (No Change)	New (add)
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>

Table 3: Account Viewing Agents (AVAs)

An AVA can be added or removed in the CITSS. This table identifies existing AVAs and confirms the addition of new AVAs that have been previously designated in the CITSS.

Name	User Reference Code	Existing (No Change)	New (add)
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>

Section 3.0 Additional Required Information

If none of the account representatives have a primary address in California, you must have an Agent for Service of Process located in California. The agent may be an individual who resides in California, or a corporation, that has previously filed a certificate pursuant to California Corporations Code section 1505. If needed, please identify an Agent for Service of Process.

Name of Agent for Service of Process:

Agent Address:

Agent City, State, Zip:

Section 4.0 Attestations by New Account Representatives

The following attestations are provided for completion by individuals that are being added to an account as a PAR or AAR. Whenever a PAR or AAR is added to an account, even if that individual was previously an AAR or PAR, an attestation must be completed per §95832(a)(3). Attestations must be submitted with original signatures.

This form provides a total of five attestations, representing the number of attestations necessary if an entity were to replace the PAR and all four AARs at once. In most cases, not all five of the attestations will be required. The number of attestations and the names on the completed attestations must match the new PAR/AARs identified in Tables 1 and 2 of this form. All pages should be returned with unused attestation pages struck out to prevent subsequent additions, removals, or changes to the signed form.

Attestation 1

1. By signing this attestation, I certify under penalty of perjury under the laws of the State of California that I am authorized to make this submission on behalf of the entities that own the compliance instruments held in the account. I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to ARB are true, accurate, and complete." I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

2. I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.

New Role (Choose One): ☐ PAR ☐ AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:

Attestation 2

1. By signing this attestation, I certify under penalty of perjury under the laws of the State of California that I am authorized to make this submission on behalf of the entities that own the compliance instruments held in the account. I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to ARB are true, accurate, and complete." I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

2. I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.

New Role (Choose One): ☐ PAR ☐ AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:

Attestation 3

1. By signing this attestation, I certify under penalty of perjury under the laws of the State of California that I am authorized to make this submission on behalf of the entities that own the compliance instruments held in the account. I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to ARB are true, accurate, and complete." I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

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New Role (Choose One): ☐ PAR ☐ AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:

Attestation 4

1. By signing this attestation, I certify under penalty of perjury under the laws of the State of California that I am authorized to make this submission on behalf of the entities that own the compliance instruments held in the account. I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to ARB are true, accurate, and complete." I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

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New Role (Choose One): ☐ PAR ☐ AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:

Attestation 5

1. By signing this attestation, I certify under penalty of perjury under the laws of the State of California that I am authorized to make this submission on behalf of the entities that own the compliance instruments held in the account. I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to ARB are true, accurate, and complete." I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

2. I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.

New Role (Choose One): ☐ PAR ☐ AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:
